

FILED NOV 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39161

State File No. 39161

2728

Registrar's No. 2728

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 39161		Registrar's No. 2728			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis							
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis			c. LENGTH OF STAY (In this place) 1 day			2. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2029			OR TOWN		
d. FULL NAME OF HOSPITAL OR INSTITUTION Incarinate Word Hosp.				d. STREET ADDRESS (If rural, give location) 4833 Hamburg Ave.							
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) M.		c. (Last) Weiss		4. DATE OF DEATH (Month) (Day) (Year) Oct. 31 1950					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 14, 1913		9. AGE (In years last birthday) 37	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) St. Louis, Mo.			12. CITIZEN OF WHAT COUNTRY? U S A		
13a. FATHER'S NAME Simon Paul Evans			13b. MOTHER'S MAIDEN NAME Gertrude Shelly			14. NAME OF HUSBAND OR WIFE Raymond E. Weiss					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. Yes		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Raymond E. Weiss. 4833 Hamburg Ave.						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc.* It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Post partum Eclampsia (white) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Nephritis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 8 1/2 months pregnancy.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? 685X						
22. I hereby certify that I attended the deceased from 10-30 , 19 50 , to 10-31 , 19 50 , that I last saw the deceased alive on 10-31 , 19 50 , and that death occurred at 6:45A m., from the causes and on the date stated above.											
23a. SIGNATURE PB Capelmo (Degree or title)				23b. ADDRESS 3284 Lombard Ave.				23c. DATE SIGNED 11-1-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Nov. 2, 1950		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Birch Tree, Mo.					
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE J. B. Lusater			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hofmeister Colonial Mortuary 6464 Chippewa St.						

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. P. B. Cappel

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Linus C Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S Broad

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.